



# Montana State Legislature

## Registration for Floor Access Badge

### Media Form

### 2015 Legislative Session

Montana State Capitol  
PO Box 200500  
Helena, MT 59620-0500  
Phone: (406) 444-4800

*Notice  
Access badges will be available  
for approved media as of  
December 1, 2014*

#### CREDENTIALING CRITERIA

1. Individuals must be employed by a commercial or non-profit news outlet providing print journalism (newspapers and magazines), broadcast journalism (radio or television), wire and news services for redistribution to other news organizations, or online news services (electronic dissemination rather than conventional print and broadcast distribution).
2. Credentials will be issued only to authorized representatives of the entities noted above and are not transferable.
3. Credentials will not be issued to individuals for the purpose of writing a personal online blog.
4. Credentials will not be issued to organizations or associations that register as lobbyists.

#### INSTRUCTIONS

1. If the applicant meets credentialing criteria, they may submit this form along with a letter of introduction on official letterhead from the sponsoring news outlet to K'Lynn Sloan Harris, Legislative Audio-Video Coordinator, Room 173 of the Capitol. Photo identification will be required for approval.
2. If approval is granted, accredited individuals will receive a guide to covering the Legislature that includes legislative standards, rules, and dress code.
3. Individuals may then present this signed form along with payment of \$10 to the General Services Division (GSD), Old Livestock Building, Room 208, 1310 E. Lockey Street, Helena. A photo will be taken of individual and access pass granted. GSD's regular business hours are 8 a.m. - noon and 1 p.m. - 5 p.m. weekdays. They are closed on state holidays during the legislative session (January 19 & February 16).
4. Access badge must be worn at all times on the floor of each chamber.

#### **Please Print**

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_

News Organization: \_\_\_\_\_

Name of Immediate Supervisor: \_\_\_\_\_

#### **Applicant Contact Information:**

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I acknowledge that access to the House and Senate chambers is a privilege accorded to the media by legislative leadership. I agree to abide by the rules and standards of behavior established by the presiding officers of the House and Senate, as outlined in the guide "Covering the Legislature" and as summarized on the attachment to this form. I understand that failure to abide by these rules and standards may result in the suspension or revocation of my access pass at the discretion of the presiding officer.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of Legislative Audio-Video Coordinator/Designee

\_\_\_\_\_  
Date

☐ Verification of Photo ID \_\_\_\_\_